

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Hannah Bell*

Town *Chester town* County *Kent*

Died at *Chester town*

Month *Sept.* Day *20* Years *50* Months Days

Date of death *1909* Age *50*

Sex *Female* Color or Race *white* Birth-place *England*

Occupation *Had none.* Where Residing if not at place of death

~~Married, Single~~ Name of Wife or Husband

Father's Name *Anthony Bell* Father's Birthplace *England*

Mother's Maiden Name *Arrowsmith* Mother's Birthplace *England*

Name of person giving Information *Isabella Bell* How related to Deceased *sister*

## CAUSES OF DEATH

67

V

PHYSICIAN  
OR CORONER

Primary *Arterio-sclerosis* How long *Several years*

Immediate *Cerebral Hemorrhage* How long *Last seizure 18 hours*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Harry L. P. ...*

Address *Chester town, Md.*

Accident or Suicide

St Paul

Name  
in Full

Still Born Infant *Carpenter*  
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at *near Lynch*

Date of death 1909 *Sept*

Day 3 *20*

Age *—*

Months *—*

Days *—*

Sex *Male*

Color or Race *Black*

Birth-place *md*

Occupation *—*

Where Residing if not at place of death *—*

Married, Single or Widowed *—*

Name of Wife or Husband *—*

Father's Name *Howard Carpenter*

Father's Birthplace *md.*

Mother's Maiden Name *Aravia R. Hackett*

Mother's Birthplace *md*

Name of person giving Information *georg Hackett*

How related to deceased *Grand father*

CAUSES OF DEATH

Primary

*Still Born*

How long *8*

Immediate

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

*L. P. Atwell M. D.*  
*Still Pond*  
*md.*

Address

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Fountani Church.

Name  
in  
Full

Mr. Demetrios Chrisofopolous

CERTIFICATE OF DEATH

MARYLAND

Died at Chester Town

Kent County

Date

of death

1909 Sept.

Day

27

Age

Years

37

Months

Days

Sex

Male

Color or  
Race

Greek

Birth-  
place

Greece

Occupation

Mng. of Candys

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Helen Chrisofopolous

Father's  
Name

Nicolas Chrisofopolous

Father's  
Birthplace

Medina Greece

Mother's  
Maiden Name

Costanza

Mother's  
Birthplace

Greece

Name of person giving  
Information

Helen Chrisofopolous

How related  
to deceased

Wife

CAUSES OF DEATH

41

Primary

Cancer of bowels, filling abdominal cavity

How long

10 years

Immediate

Exhaustion

How long

6 months

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

C. W. Wheland M.D.  
Chester  
Maryland

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Sicks -

Chester - Connetto

Name  
in  
Full

Frank Coleman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <del>at</del> by <i>drowning</i>		Town		County		MARYLAND	
Date of death	1909	Month	September	Day	24	Years	Age 20
Sex		male		Color or Race		white	
Occupation		Sailor		Birth-place		Kent County	
Married, Single or Widowed		single		Where Residing if not at place of death		Charlottesville	
Father's Name		Unknown		Father's Birthplace		Kent County	
Mother's Maiden Name		Rosa Perry		Mother's Birthplace		Kent County	
Name of person giving information		Capt Pfeffer		How related to deceased		none	

## CAUSES OF DEATH

172

✓

PHYSICIAN  
OR CORONER

Primary	Accidental drowning	How long	
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		John H. Greenwood	
Address		Charlottesville	
Accident or Suicide?		Kent Co, Md	

Chester Territory



Name  
in  
Full

James Monroe Bowney

## CERTIFICATE OF DEATH

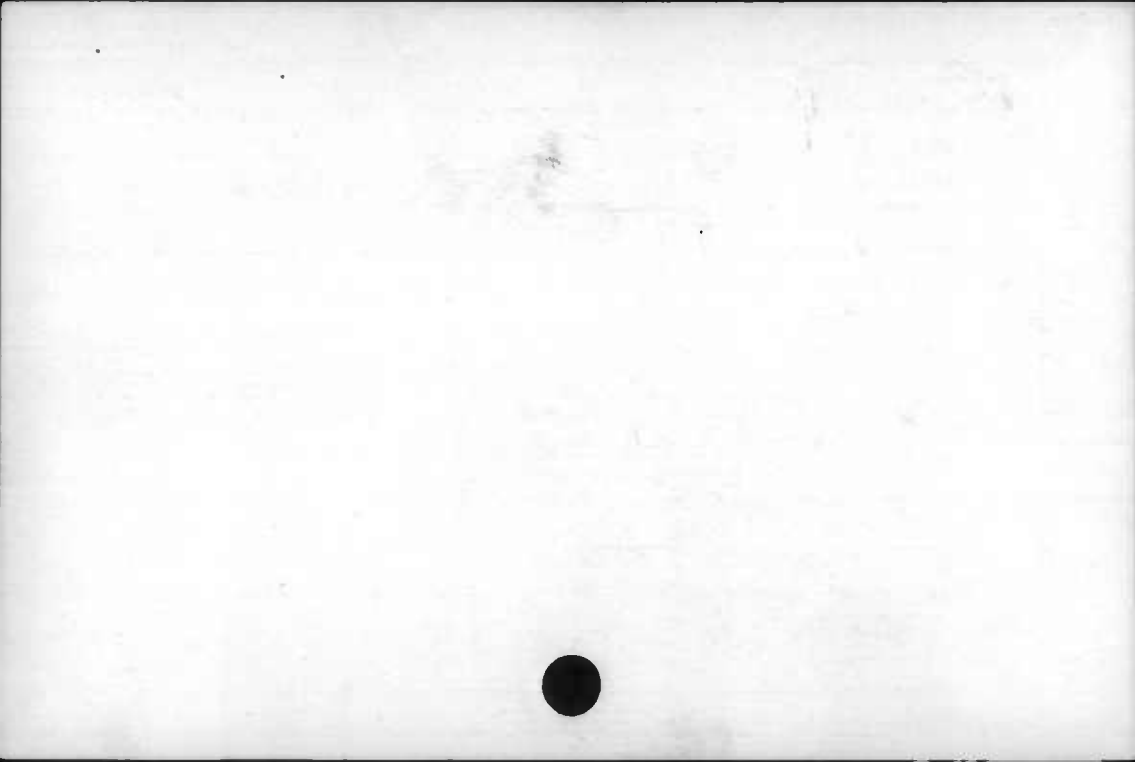
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rock Hall</i>		Town <i>Kent</i>		County		MARYLAND	
Date of death	1909	Month	Sept	Day	30	Age	70
Sex	Male	Color or Race	White	Months	4	Days	Not known
Birthplace	Kent Co Md						
Occupation	Waterman			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Married			Elizabeth Bowney				
Father's Name	William Bowney			Father's Birthplace			
Kent Co Md			Mother's Birthplace				
Mother's Maiden Name			Marry Sinton				
Name of person giving Information			William J. Bowney				
How related to deceased			Son				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Hemiplegia</i>	How long	<i>9 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<i>H. H. Schwatka M.D.</i>	
Address		<i>Rock Hall Md</i>	
Accident or Suicide		<i>no</i>	



Name  
in  
Full

Thomas Ford

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> <i>Near Chesterville</i>		<sup>County</sup> <i>Kent</i>		MARYLAND	
Date of death <i>1909 Sept.</i>		Month	Day	Years	Months
<i>1st</i>		<i>9</i>	<i>9</i>	<i>7</i>	Days
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Chesterville Md.</i>			
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Isiah Ford.</i>		Father's Birthplace <i>Chesterville Md.</i>			
Mother's Maiden Name <i>Emma Egerston</i>		Mother's Birthplace <i>Ridgely Md.</i>			
Name of person giving Information <i>Isiah Ford</i>		How related to deceased <i>Father</i>			

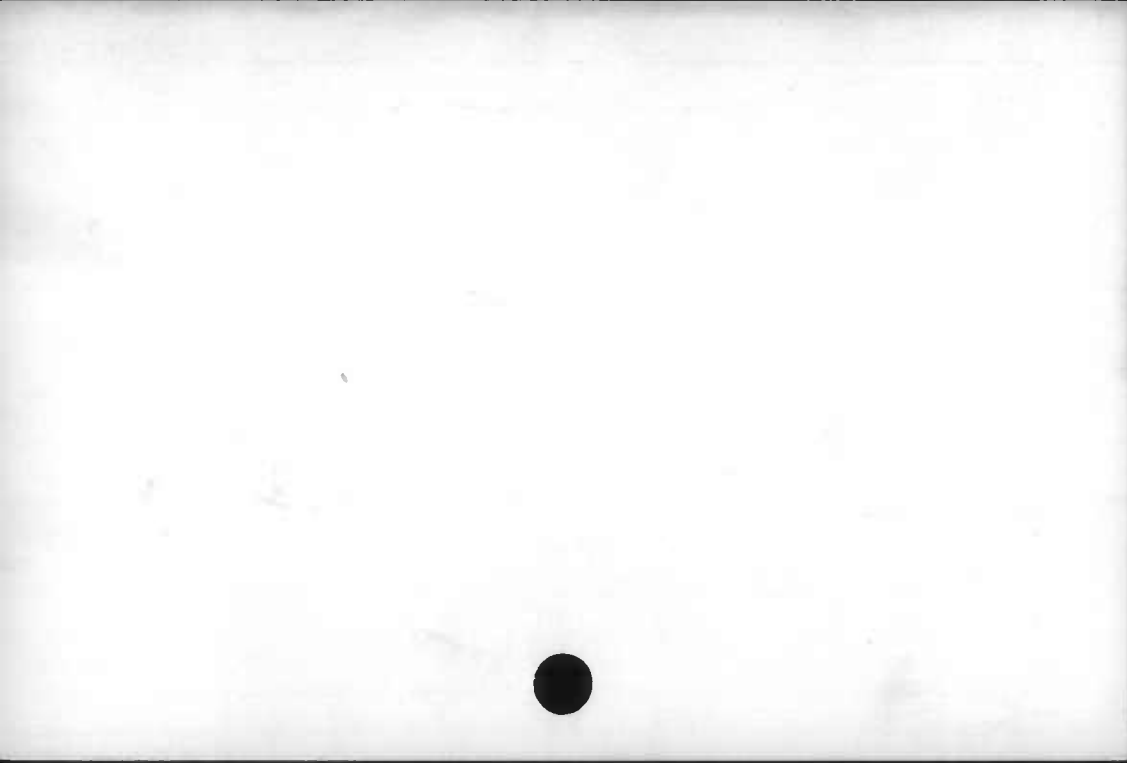
## CAUSES OF DEATH

Primary <i>Ileo-Colitis</i>	How long <i>9 days.</i>
Immediate <i>Exhaustion</i>	How long <i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Geo. R. Jones</i>
	Address <i>Galena Md.</i>
Accident or Suicide	

105

✓

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Lillie May Francis

## CERTIFICATE OF DEATH

Died at

Edinville

Town

Kent Co

County

MARYLAND

Date

of death

1909

Month

Sep 17

Day

11

Age

Years

38

Month

5.5.8

Days

29

Sex

Female

Color or  
Race

White

Birth-  
place

Crumpton Md

Occupation

Housewife

Where Residing if not  
at place of death

Edinville

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Halter Francis

Father's  
Name

Geo I Corden

Father's  
Birthplace

Kent w Md

Mother's  
Maiden Name

Emma Corden

Mother's  
Birthplace

Kent Co Md

Name of person giving  
Information

Frank Wheatley

How related  
to deceased

Bro in law

## CAUSES OF DEATH

Primary

Heart Disease

How long

One year

Immediate

Cerebral Congestion &amp; Coma

How long

4 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

W. H. Schwatka M.D.

Address

Rock Hall Md

Accident or Suicide

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

79

Charles Dodge

St Pauls County  
Kent Co Md.

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Charles Barton* Town *Washington* County *West. Co*  
Died at *Washington West. Co* MARYLAND  
Date of death 190 *9* Month *9* Day *20* Age *4* Years Months Days  
Sex *Female* Color or Race *White* Birth-place *Washington*  
Occupation *Woman* Where Residing if not at place of death  
Married, Single or Widowed *Single* Name of Wife or Husband  
Father's Name *Sidney Barton* Father's Birthplace *Washington*  
Mother's Maiden Name *Lillian Harris* Mother's Birthplace *11*  
Name of person giving Information How related to deceased

CAUSES OF DEATH

Primary *Gastritis* *104* How long *2 hours*  
Immediate *11* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER





Name in Full		Kessie				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND			
	Crumpton				Kent					
	Date of death	1909	Month	Sept	Day	15	Age	Years	Months	Days
	Sex	Male		Color or Race	White		Birth-place	Md		
	Occupation					Where Residing if not at place of death				
	Married, Single or Widowed	—		Name of Wife or Husband	—					
	Father's Name	Benjamin T Kessie					Father's Birthplace	Kent Co		
Mother's Maiden Name	Anna T. Kessie					Mother's Birthplace	Kent Co			
Name of person giving information	Anna Kessie					How related to deceased	Mother			
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary	Shellhorn					How long	8		
	Immediate						How long			
	Are the name, age, sex, color, date and place correctly given above?	Yes					Signature of Physician	Arthur E. Sanders		
	Address						Crumpton			
Accident or Suicide?										
LIBRARY BUREAU 488618										



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Mountain Point</u> <sup>Town</sup>		<u>Kurt.</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	Sept.	Day	3
Age			Years	Months	15
Sex	Male		Color or Race	African	
Occupation			Birth-place	Kent Co, Md.	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Shooting Crack</u>	How long	<u>3 weeks</u>
Immediate	<u>Heart Overcoming</u>	How long	<u>2 weeks</u>
Are the name, age, sex, color, data and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Frank H. Smith</u>
		Address	<u>Chestertown &amp; 2</u>
Accident or Suicide	<u>No</u>		<u>Md</u>

C. L. Dodd  
Worton Point  
Kent Co.

---

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Sarah Mariah Carnes*

Town *Fairfax* County *West*

Died at *Fairfax*

Date of death 190 *9* Sept. *10* Age *77* Months *4* Days *2*

Sex *Female* Color or Race *White* Birth place *Rochester N. Y.*

Occupation *none* Where Residing if not at place of death *2205 Barclay St*

Married, Single or Widowed *Widow* Name of Wife or Husband *Richard H James*

Father's Name *William Russell* Father's Birthplace *unknown*

Mother's Maiden Name *W. Usher* Mother's Birthplace *unknown*

Name of person giving Information *Mrs Laura M Taylor* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Chronic Catarrhes Eschtritis*

Immediate *Cerebral Apoplexy*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Frank M. South*  
*Chestertown Md.*

Accident or Suicide

PHYSICIAN  
OR CORONER

(64)

How long

How long

*5 years*  
*1/2 hour*

London Part

Name  
in  
Full

Thomas Raymond Noblett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Near Worton <sup>County</sup> Kent **MARYLAND**

Date of death 190 <sup>Month</sup> 9 <sup>Day</sup> September <sup>Years</sup> 10 Age 7 <sup>Months</sup> — <sup>Days</sup> —

Sex male Color or Race White Birth-place Md

Occupation — Where Residing if not at place of death —

~~Married, Single~~  
or ~~deceased~~

Single

Name of Wife or Husband

Father's Name

George W. Noblett

Father's Birthplace

Md

Mother's Maiden Name

Annle R. Storpe

Mother's Birthplace

Md

Name of person giving Information

George W. Noblett

How related to deceased

father

## CAUSES OF DEATH

61

PHYSICIAN  
OR CORONER

Primary

Meningitis.

How long

Unknown

Immediate

Heart failure.

How long

Unknown

Are the name, age, sex, color, date and place correctly given above?

Yes

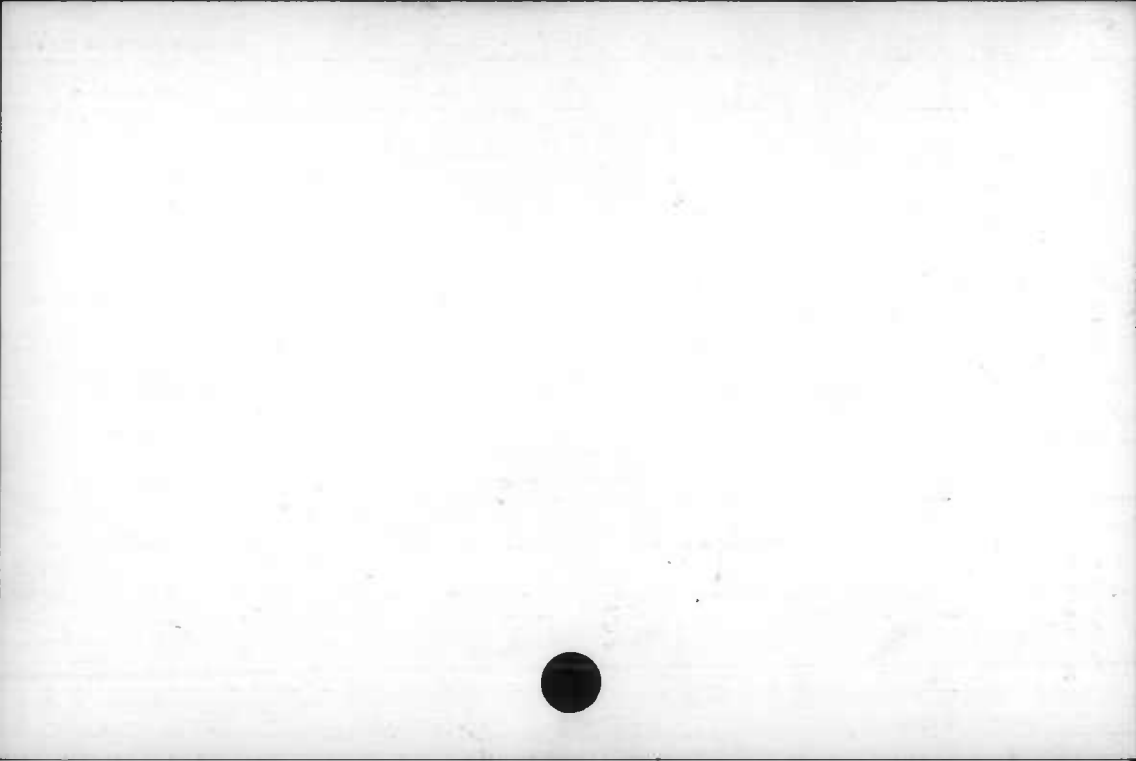
Signature of Physician

L. P. Atwell M.D.

Address

Still Pond  
Md

Accident or Suicide





Name  
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Alms House* *Cheslerton* *Flt 4* *Kent* County  
 Date of death 1909 *5* *Sept.* *17* Age *65* Months *7* Days *15*  
 Sex *Male* Color or Race *White* Birth-place *Kent co md*  
 Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of Wife or Husband *M Martha Baker*  
 Father's Name *Thomas Parsons* Father's Birthplace *Kent co md*  
 Mother's Maiden Name *Wate Poulson* Mother's Birthplace *Kent Co Md*  
 Name of person giving Information *Thos. S. Toulson* How related to deceased *Cousin*

CAUSES OF DEATH

Primary *Paralysis* How long *4 yrs.*  
 Immediate *Edema* How long *2 weeks*  
 Are the name, age, sex, color, data and place correctly given above? *yes* Signature of Physician *C. W. Wheland*  
 Address *Cheslerton Md*  
 Accident or Suicide *—*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

St Pauls

Name  
in  
Full

Sarah Rebecca Pierce

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

*Georgetown* *Kent*

Date

of death 1909 Sept.

8

Day *Sept* Years

Age

Given 65 Apparent age 80

Sex

*Female*

Color or  
Race

*African*

Birth-  
place

Kent Co. Md

Occupation

Housework

Where Residing If not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

William H. Pierce

Father's  
Name

James Jones

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

Helena Pierce

How related  
to deceased

daughter

CAUSES OF DEATH

Primary

Cirrhosis of Liver  
Toxemia

How long

1 year

Immediate

How long

1 week

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

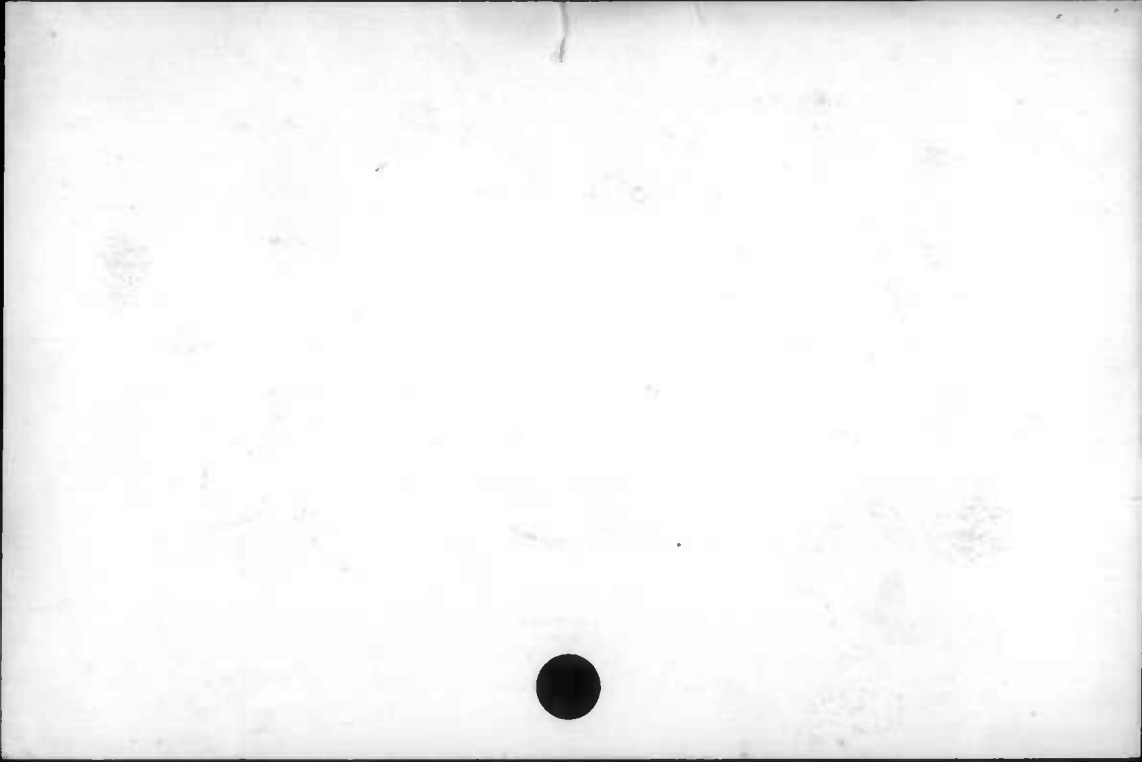
Address

*Frank W. Smith*  
*Chesapeake*  
*Md*

Accident or Suicide No.

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mamie Robinson

CERTIFICATE OF DEATH

Died at <u>Chestertown</u> <sup>town</sup>		<u>Kent</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>9</u> <sup>Month</sup> <u>Sept</u> <sup>Day</sup> <u>17</u> <sup>Year</sup> <u>20</u>		Age <u>20</u>		Month <u>  </u> Days <u>  </u>	
Sex <u>Female</u>		Color or Race <u>Black</u>		Birthplace <u>Chestertown Md</u>	
Occupation <u>laborer</u>		Where Residing if not at place of death <u>Chestertown, Md</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Jas. O. Robinson</u>		Father's Birthplace <u>Chestertown</u>			
Mother's Maiden Name <u>Ida Hyson</u>		Mother's Birthplace <u>Chestertown</u>			
Name of Person giving Information <u>Edward Robinson</u>		How related to deceased <u>uncle</u>			

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

Primary <u>Pulmonary Tuberculosis</u>	How long <u>About 1 yr.</u>
Immediate <u>Inanition</u>	How long <u>several months</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Frank B. Hines</u>
	Address <u>Chestertown Md</u>
Accident or Suicide <u>no</u>	

PHYSICIAN  
OR CORNER

James M E

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Francis E. [redacted]

Town Chesutown County Kent MARYLAND

Died at

Date of death 190 9 Month Sept Day 3 Age 1 Years 1 Months 1 Days

Sex Female Color or Race White Birth-place Ind

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name John W. Rolph Father's Birthplace Ind

Mother's Maiden Name Mary J. Peterson Mother's Birthplace Ind

Name of person giving Information Father How related to deceased —

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Malnutrition 151 ✓ How long since birth

Immediate E. of exhaustion How long several days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. G. Simpson

Address Chesutown

Accident or Suicide No

C. L. Dodd

Chester Cemetery



Name  
in  
Full

Teanie Addaline Sisco

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

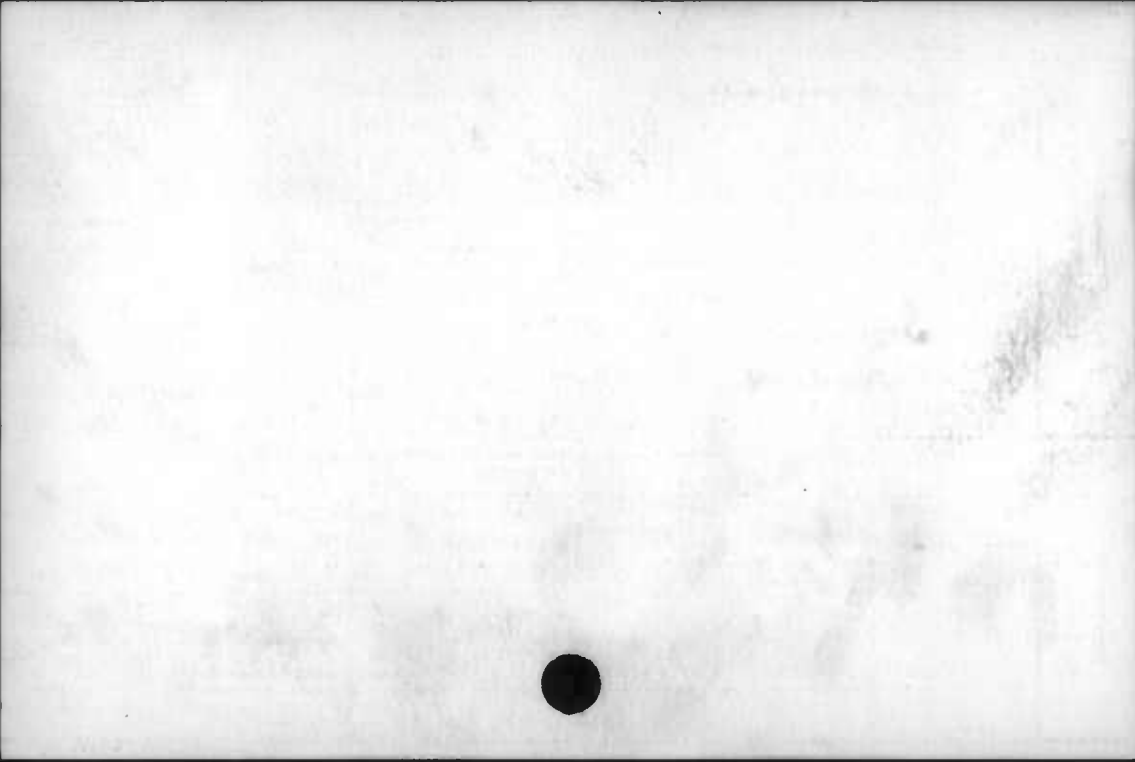
Died at <i>Rock Hall</i> <sup>Town</sup>		<i>Kent</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	Month	<i>Sept</i>	Day	<i>13</i>
Age		<i>31</i>	Years	<i>4</i>	Months
Sex		<i>Female</i>	Color or Race	<i>Black</i>	Birth-place
Occupation		<i>House wife</i>	Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Frank Sisco</i>		
Father's Name	<i>Samuel Scott</i>			Father's Birthplace	<i>Kent-co Md</i>
Mother's Maiden Name	<i>Rachel Thompson</i>			Mother's Birthplace	<i>Kent-co Md</i>
Name of person giving information	<i>Frank Sisco</i>			How related to deceased	<i>Husband</i>

## CAUSES OF DEATH

27 ✓

PHYSICIAN  
OR CORONER

Primary	<i>Phthisis Pulmonalis</i>	How long	<i>3 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>H. H. Schwartz M.D.</i>	
		Address	
		<i>Rock Hall Md</i>	
Accident or Suicide?		<i>no</i>	



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

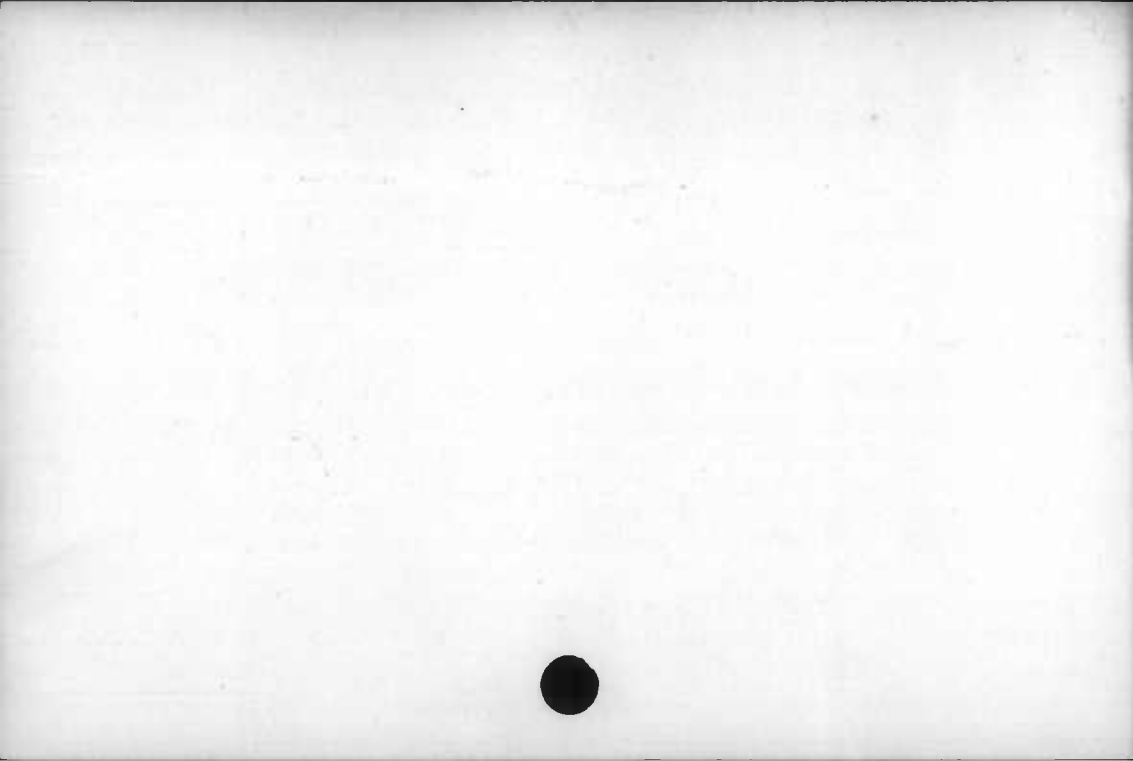
MARYLAND

Died at *in Crumpton* Town*Kent* CountyDate of death *1909* Month *sep* Day *4*Age *27* Years Months *—* Days *—*Sex *Female*Color or Race *white*Birth-place *Kent Co Md*Occupation *Housewife*Where Residing if not  
at place of death *—*Married, ~~Single~~Name of Wife or  
Husband *Fred W Stevens*Father's Name *John Price*Father's Birthplace *Md*Mother's Maiden Name *Sallie Cunningham*Mother's Birthplace *Md*Name of person giving  
Information *Walter Hallahan*How related  
to deceased *Brother-in-law*

## CAUSES OF DEATH

Primary *Typhoid Fever*How long *2 weeks*Immediate *Toxemia*How long *3 days*Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of Physician *Arthur E. Sanders Jr*Address *Crumpton*

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

Charli Stzepuk

Died at Kennedyville Trent County  
Date of death 1909 Sept 24 Age 1 Months 6 Days  
Sex male Color or Race white Birth-place Ind.  
Occupation — Where Residing if not at place of death Baltimore Ind

Married, Single or Widowed — Name of Wife or Husband —  
Father's Name Martin Stzepuk Father's Birthplace Austria  
Mother's Maiden Name Aunie Platt Mother's Birthplace Austria  
Name of person giving Information Martin Stzepuk How related to deceased Father

CAUSES OF DEATH

Primary Whooping cough. How long 8 weeks  
Immediate Enteritis How long one week

Are the name, age, sex, color, date and place correctly given above? yes  
Signature of Physician S. Dorin Barwick.  
Address Kennedyville Ind.  
Accident or Suicide —

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Kennedville

Name  
in Full

## CERTIFICATE OF DEATH

Died at

William H. Wallis

Town

near Marsey

County

Kent

MARYLAND

Date

of death

190

9

Sept

Day

3rd

Age

56

Years

Months

7

Days

24

Sex

Male

Color or  
Race

White

Birth-  
place

La Fayette, La.

Occupation

Farmer

Where Residing if not  
at place of death

at home

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Jane (Justis) Wallis

Father's  
Name

Hugh H. Wallis

Father's  
Birthplace

Kent Co Md

Mother's  
Maiden Name

Isabel Wallis

Mother's  
Birthplace

Kent Co Md

Name of person giving  
information

Jane Wallis

How related  
to deceased

Wife

## CAUSES OF DEATH

Primary

Valvular Heart trouble

How long

One year

Immediate

Thrombosis?

How long

10 minutes

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

Address

C. P. Gorman M.  
Examining Physician  
Millington  
Md

Accident or Suicide

No.

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN

OR CORONER

C. P. Gorman M. Examining Physician

Shrubby Kites



Name  
in  
Full

Charles Richard Webb

## CERTIFICATE OF DEATH

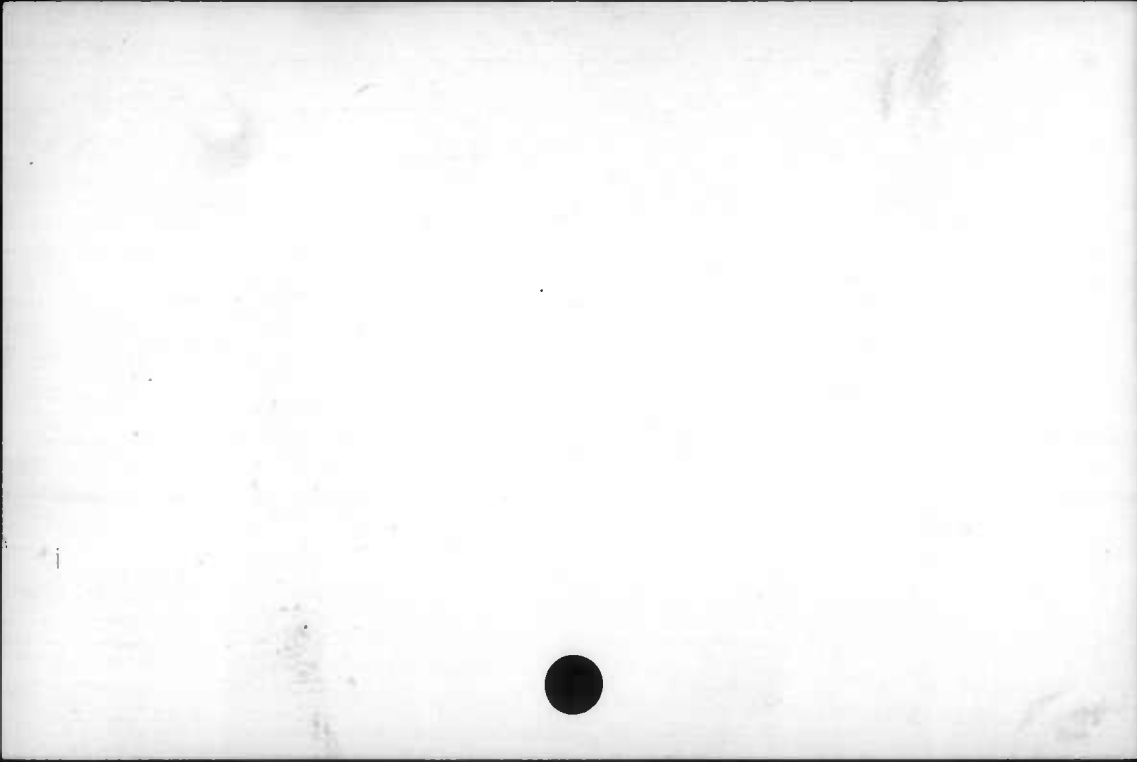
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
1904		Month		Day		Years	
Sept-		26		Age		3-3	
Sex		Color or Race		Birthplace		Months	
Male		White		Washington & Co.		Days	
Occupation		Where Residing if not at place of death		Waterman		At place of death	
Married, Single or Widowed		Name of Wife or Husband		Married		Lucy Ann	
Father's Name		Father's Birthplace		William P. Webb		Baltimore Md	
Mother's Maiden Name		Mother's Birthplace		Julia A. Coleman		Kent Co. Md	
Name of person giving Information		How related to deceased		Harry C. Webb		Brother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Paralysis	How long	66 months
Immediate	Exhaustion	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. H. Webb M.D.	
Address		Rockville Md.	
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Joseph H. Wheatley

Town

Chester

County

1 Cent

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909

Sept

15

Age

52

Sex

Male

Color or  
Race

White

Birth-  
place

Md

Occupation

Insurance agent

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Fanny Russell

Father's  
Name

Arthur B Wheatley

Father's  
Birthplace

Md

Mother's  
Maiden Name

Mary A Ayers

Mother's  
Birthplace

Md

Name of person giving  
Information

Wm A Wheatley

How related  
to deceased

Brother

## CAUSES OF DEATH

27

✓

Primary

Chronic Pulmonary Tuberculosis about 3 years

How long

Immediate

As theia

How long

1 month

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

H. J. Timper  
Chester

Accident or Suicide

No

PHYSICIAN  
OR CORONER



Name  
in  
Full

Ruth Esther Milbanks


## CERTIFICATE OF DEATH

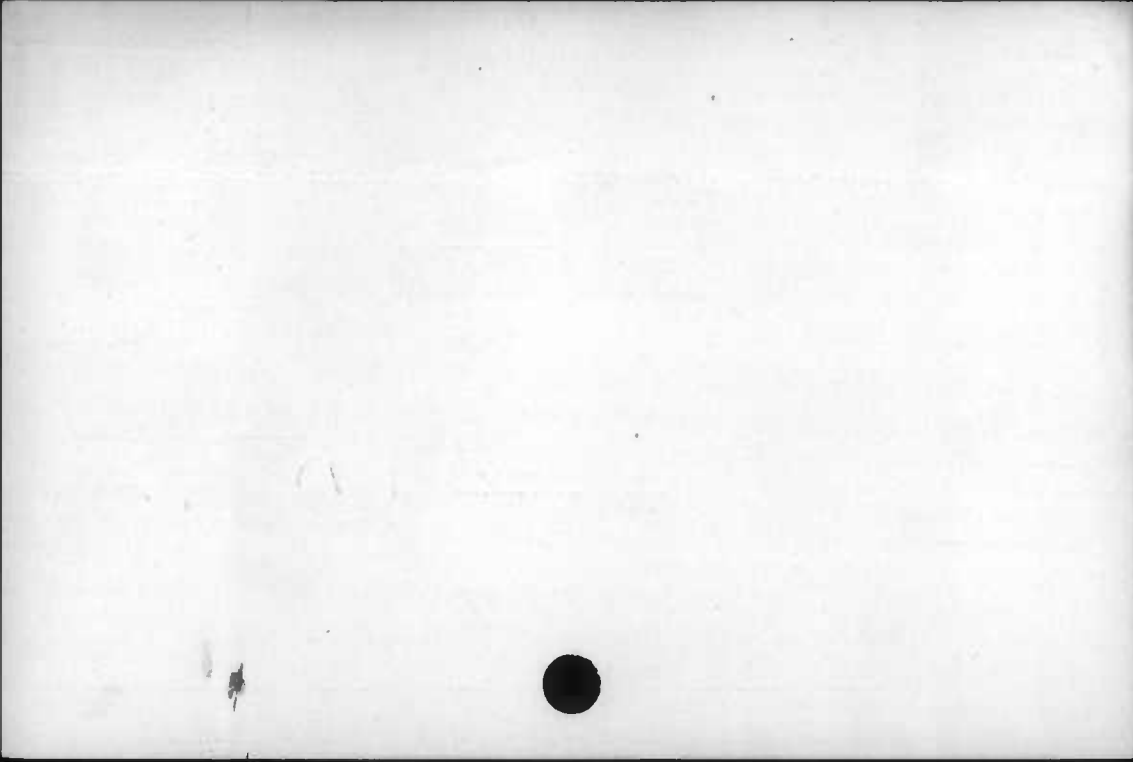
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>in Crumpton</i>		County <i>Kent County</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Sep</i>	Day <i>22</i>	Age <i>15</i>	Months <i>1</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Kent Co.</i>		
Occupation <i>Schoolgirl</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Samuel T. Milbanks</i>			Father's Birthplace <i>Kent Co. Md.</i>		
Mother's Maiden Name <i>Esther Register</i>			Mother's Birthplace <i>Kent Co. Md.</i>		
Name of person giving information <i>S. T. Milbanks</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>5 weeks</i>
Immediate <i>Intestinal Haemorrhage</i>	How long <i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Arthur E. Landers</i>
	Address <i>Crumpton</i>
	Accident or Suicide? <i>No</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Alfred H. Wilson* Town *Georgetown* County *Kent* MARYLAND

Died at *Georgetown* Month *Sept* Day *20* Age *75* Months *—* Days *—*

Date of death 190 *9*

Sex *Male* Color or Race *African* Birth-place *Ind.*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Nancy Wilson*

Father's Name *Tom Wilson* Father's Birthplace *Kent Co. Md.*

Mother's Maiden Name *Luzen Chambers* Mother's Birthplace *Kent Co. Md.*

Name of person giving Information *Levi Armstrong* How related to deceased *Half brother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Arterio sclerosis* How long *(64)*

Immediate *Cerebral apoplexy* How long *1 1/2 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *Frank W. Smith*

Address *Chattanooga, Tenn.*

Accident or ~~Swindle~~ *Accident* *John H. Doernum* *Coroner*

Georgetown



Name  
in  
Full

*Lulu Millson*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pray neck</i> Town		<i>Kent</i> County		MARYLAND	
Date of death	190 <i>9</i>	Month	<i>Sept.</i>	Day	<i>30</i>
Age			Years	Months	<i>23</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Kent Co Md</i>	
			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<i>Alfred Millson</i>			Father's Birthplace	<i>Kent Co</i>
Mother's Maiden Name	<i>Matilda Bryden</i>			Mother's Birthplace	<i>Kent Co</i>
Name of person giving Information	<i>Al. Millson</i>			How related to deceased	<i>Father</i>

*(Acute gastro-enteritis)*

CAUSES OF DEATH

**105**

PHYSICIAN  
OR CORONER

Primary	<i>Summer Catarrh</i>	How long	<i>3 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>One day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Walter Kelly</i>
		Address	<i>Rock Hill Md</i>
Accident or Suicide			

